

# SUCCESSFULLY TRANSITIONING NIGERIA AND PAPUA NEW GUINEA FROM GAVI SUPPORT

---

BOARD MEETING

**Pascal Bijleveld**

29-30 November 2017, Vientiane, Lao PDR



Reach every child

[www.gavi.org](http://www.gavi.org)

# NIGERIA

---



Reach every child

[www.gavi.org](http://www.gavi.org)

# Nigeria is facing Gavi transition amidst a very difficult context...

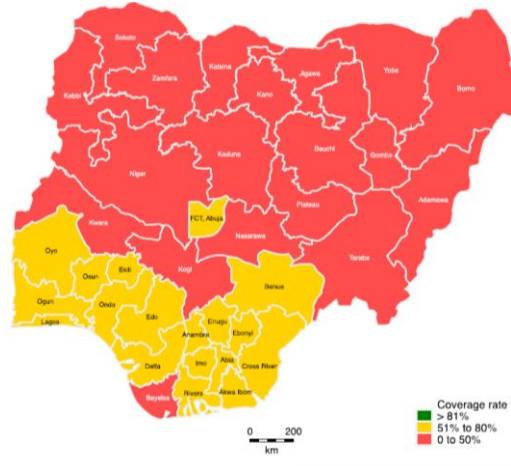
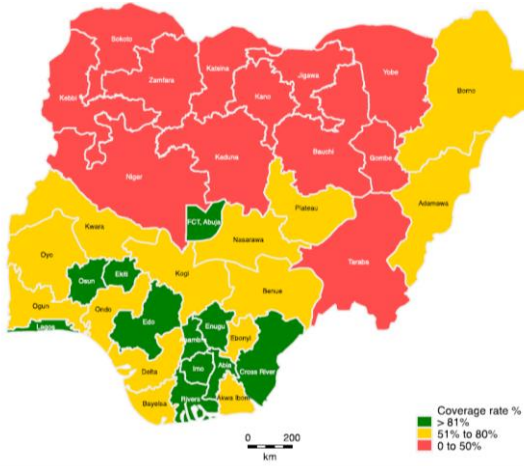
---

- **Large cohort:** Pop. estimate of 191 million; cohort of ~7.3 million newborns
- **Macroeconomic environment: low revenues, low economy growth**
  - Gvt. Revenue as a % of GDP among lowest in world (5.3%)
  - Subdued economic growth (2017-2021: 1.7% est.)
  - Health budget: 4.1% of total (~90% towards personnel costs)
- **Poor immunisation programme performance**
  - Penta3 coverage at 33%
  - Outbreaks: Measles, Yellow Fever, Meningitis, Cholera, Monkeypox, Lassa Fever
  - Persisting vaccine hesitancy
- **Polio transition**
- **Security concerns in northern states**

# ...which has impacted programme performance

## Penta 1

## Penta 3



- Major health system constraints impeding progress
- Main reasons cited for non vaccination
  - Lack of information on vaccinations - 42%
  - Service delivery issues - 25%

# Yet there are positive signals and opportunities

---

## **Federal government political will:**

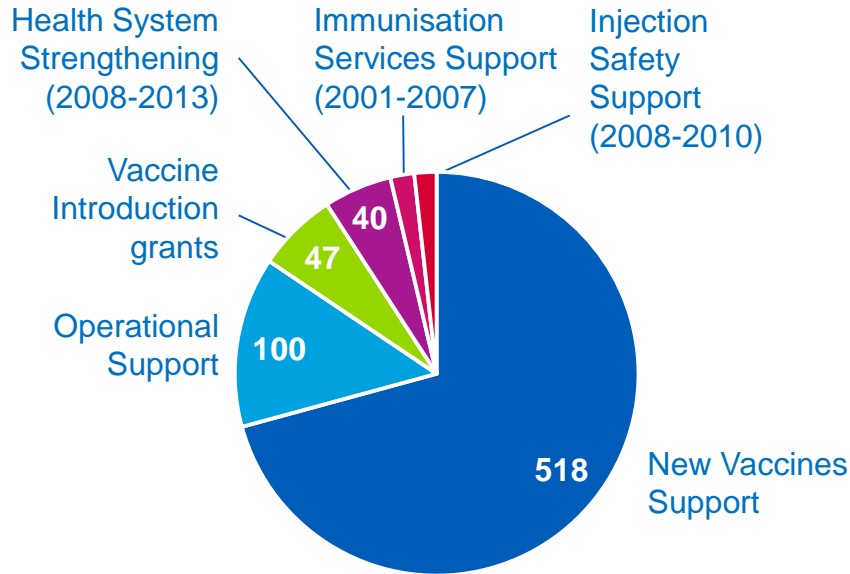
- Basic Healthcare Provision Fund, through National Health Act
- The revitalization of Primary Health Care Under One Roof
- Requested US\$ 500 million credit line from the World Bank
- US\$2.2m reimbursed and balance of US\$ 3.2 million in process

## **At the National Primary Health Care Development Agency (NPHCDA):**

- New leadership & organisational re-structuring
- Recognition of survey data
- Emergency declaration and establishment of NERICC & SERICC
- An ambitious new strategy under development

# Gavi's investments to date in Nigeria have been significant

**Gavi grant disbursements since 2001**  
**100% = US\$ 732 million**



**While achievements were made, recent audit issues have had important impact**

- Vaccine introductions & campaigns
- Supply chain strengthening
- Audit covering 2010-2015 found misuse
  - HSS2 grant of US\$ 100 million on hold
  - Men A & Rota introduction on hold

# Many lessons to be learnt from partner-supported efforts (non exhaustive examples)

**BILL & MELINDA  
GATES foundation**

RI strengthening  
and fiscal advocacy  
in 6 States,  
partnership with  
Dangote  
Foundation



Foreign Affairs, Trade and  
Development Canada

Technical Support  
related to GVAP



Governance, Cold  
chain equipment  
support in 24 states

**DFID**

Department for  
International  
Development

MNCH support  
in 6 States



**USAID**  
FROM THE AMERICAN PEOPLE

Maternal Child  
Survival-Routine  
Immunization  
strengthening at  
state level



**unicef**

Social mobilisation,  
access to immunization  
services

- Results have often been below expectations
- A more experimental way of working is needed to innovate and test new approaches



Support to RI, Polio  
eradication, vaccine  
introductions and SIAs

# A new way of working with Nigeria is necessary both at national and state level

---

## ***National Level***

- Greater Alliance engagement to sustain political will and commitment
- Partner alignment and coordination
- Support for a transformation of NPHCDA, incl. financial management and supervisory capability

## ***State Level***

- Differentiated and targeted focus on lower performing states
- Capacity building in leadership, management and coordination
- A more experiential outlook, 'testing' innovative interventions
- Focus on data-use, outreach, demand generation, vaccine management, etc.



# Transition in Nigeria – the ‘Base’ Scenario – will require tremendous effort over the next few years...

---

## **Coverage**

- Aim to reach Penta3 coverage ~60% by 2021 (and 80% by 2025)

## **New Vaccine Introductions**

- MenA, Rota, and potentially country plans to introduce Measles 2<sup>nd</sup> dose and HPV by 2021
- Could prevent over 450,000 future deaths between 2018-2025;
- But several introduction in such a short period will strain system

## **Vaccine Financing**

- US\$ 169 million in 2022, a 16-fold increase from 2016 budget allocation, amidst very challenging macro-economic environment

## **Health System Strengthening**

- Current envelope of US\$ 100 m and US\$ 23 m ceiling for CCEOP
- Support ***Nigeria’s strategy to transform immunisation, achieve greater sustainable results and strengthen primary health care***

## ...and comes with significant risk of failure

---

- Estimated coverage rate by 2021 (~60%) will be a stretch and still amongst 10 lowest countries in Gavi portfolio
- High risks of continued outbreaks, impact beyond Nigeria's borders
- Limited time for catalytic HSS interventions, raising concerns on absorptive capacity and sustainability, especially at sub-national level
- Rate of increase of domestic resources may not match financial needs
- Fiduciary systems and accountability mechanisms are weak, and take time to reinforce

# Assuming this is beyond the Board's risk appetite, a tailored Transition Plan is needed, along key principles

---

## **Demonstrated commitment from the government**

- Reimbursement of misused funds
- Increase financing for health and immunization
- Co-financing

## **A realistic transition plan that will focus on increasing sustainable coverage & equity**

- Focus on the poorest, most inequitable and lowest coverage areas
- New vaccine intro. - based on coverage & sustainability considerations
- TCA & HSS support at national and state level
- Building the financial management capacity
- Engagement within broader health sector reforms
- M&E for quick evaluations and course corrections
- Linkages/synergies with polio transition

Opinions of the PPC on this principle were divided

## **Commitment to governance and accountability**

- Financial milestones related to increase in gvt expenditure
- Programmatic milestones related to C&E progress
- Failure to meet financial commitments will render Gavi support null and void

# Recommendation

---

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

- a) **Request** the Gavi Secretariat to work closely with the broader Gavi Alliance partners to engage with the Government of Nigeria to develop a “Nigeria Transition Plan” for PPC review and Board approval in June 2018 that is based on the Gavi principles of country ownership and sustainability as well as the guidance provided by the PPC;
- b) **Allow** the Secretariat jointly with Alliance partners and other key stakeholders to engage with the Government of Nigeria on the Nigeria Transition Plan based on certain policy flexibilities, understanding that the Secretariat will need to conduct further analyses on these aspects in consultation with broader Alliance partners and that appropriate timelines and conditionalities are incorporated.

# PAPUA NEW GUINEA



Reach every child

[www.gavi.org](http://www.gavi.org)

# PNG exemplifies the “paradox of plenty”

---

- Population of 7 million, 82% rural, 850 languages, ‘highlands & islands’
- US\$ 50 billion mine and oil revenues since independence

## **But:**

- Endemic violence, corruption, inequality, environmental damage
- Lack of political will to prioritise service delivery
- Declining oil production & GDP growth

## **Resulting in:**

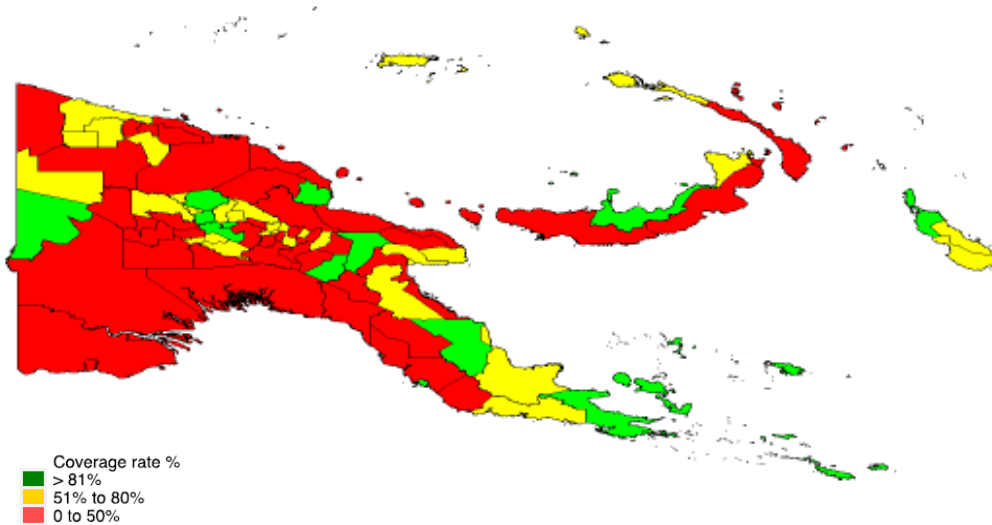
- No MDG Goals met
- 154th in 2016 Global Human Development Index
- Maternal mortality 215/100,000
- Under-five mortality 57/1000 live births

# EPI has suffered in this context...

---

## Penta 3 coverage by district

---



Source: UNICEF 2016

- Vaccine coverage stagnant
- Lack of capacity within EPI at all levels
- Consecutive, significant cuts to health sector budget
- High cost to deliver services in this environment
- Capacity of Alliance partners

## ...and its ability to utilise EPI support has been limited

---

- Introductions: Penta, IPV, PCV, MR, and MCV2, but coverages stagnant
- HSS1 grant: US\$ 3.1 million in 2013, but poor utilisation
- DFAT: provincial EPI officers and CCE, but succession / maintenance concerns

### **Moreover:**

- 2016 Gavi Audit revealed misuse of US\$ 719,255
- Gavi funds frozen, HSS1 implementation transferred to WHO and UNICEF

### **However:**

- Development partners working much more closely, led by Gavi and DFAT
- Since August, new Minister of Health and commitment to turn EPI around
- Due to fully transition end 2020



# Proposed transition strategy will require Alliance partners to engage differently in PNG

---

## Pre-requisites required of PNG:

- Deliver on commitment to reimburse misused funds
- Strengthen its EPI team
- Increase budget allocation
- Develop a health financing strategy

## Alliance ways of working:

- More frequent top level engagement
- Subnational engagement
- Comprehensive monitoring, with in-depth annual review
- Strengthened financial management arrangements

Gavi support alone will not ensure sustainability; rather we seek to boost coverage while working with Government and partners to build the foundations of sustainability

# A transition strategy to reach 75% Penta3 & 95% MCV1 coverage by 2021:

Approaches  
to mitigate  
transition  
risks



1. **New Vaccine Support:** For MR campaign immediately, with operational support costs at a level required by the circumstances and other NVS as coverage rises



2. **HSS Support:** Doubled ceiling to US\$ 12 million, to expand supply chain, demand generation and outreach, incl. recurrent costs, if GoPNG commits to these post-transition



3. **PEF support:** Increased by core and expanded partners, including large investment in Leadership, Management and Coordination and financial management

4. **Co-financing:** Allow PNG to adjust its ramp-up flexibly assuming that it will be fully self-financing by 2021

## Recommendation:

---

The Programme and Policy Committee recommends the Gavi Alliance Board to:

- (a) **Approve** the following measures as mitigation strategies for risks to Papua New Guinea's ("PNG") sustainable transition:
- i. **HSIS:** Increase the HSS funding ceiling from US\$ 6 million to up to US\$ 12 million for the remaining period of HSS support and allow Gavi funds to be used also for selected recurrent outreach costs, contingent on the Government committing that these cost categories will be budgeted post-transition;
  - ii. **MR Campaign:** Allow PNG to apply for a Measles Rubella campaign in 2018 and authorise the CEO, based on an IRC recommendation, to allocate associated operational support costs at a level required by the circumstances in PNG, including for staffing costs;

# Recommendation:

---

- iii. **NVS:** Allow PNG to apply for new vaccine support until they transition out of Gavi support;
- iv. **Co-financing:** Allow the Secretariat to negotiate with PNG to adjust rates to fit within its trajectory towards successful transition by 2021.

b) **Request** the Secretariat to report to the PPC and Board in 2019 on progress.

The PPC was unable to reach consensus on a) iii) of the recommendation and in line with the PPC Charter a minority position expressed by the donor constituency anchored by Germany is being reported to the Board